



Board of Pharmacy
PO Box 47863
Olympia WA 98504-7863
(360) 236-4826

LETTER OF RECOMMENDATION

Date _____

To the State Board of Pharmacy, the State of Washington:

I hereby certify that I am a licensed Pharmacist in good standing in the state of _____ ,

my certificate number being _____ . I further certify that I have been personally acquainted with

_____ for _____ months/years and that to

the best of my knowledge and belief he/she is of good moral and professional character: that he/she is free from habits liable to

interfere with his/her professional services: That his/her standing is good in the community in which he/she now lives: that he/

she is worthy of receiving a license to practice Pharmacy in the State of Washington.

Remarks: _____

Name _____
PRINT NAME SIGNATURE

Address _____
STREET CITY STATE ZIP